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COMMENTS:

Attached is a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address and accompanying documents for Serial No. 09/685,697 filed October 9, 2000, entitled METHOD AND SYSTEM FOR THE EXIT PROTOCOL OF AN EMERGENCY MEDICAL DISPATCH SYSTEM.

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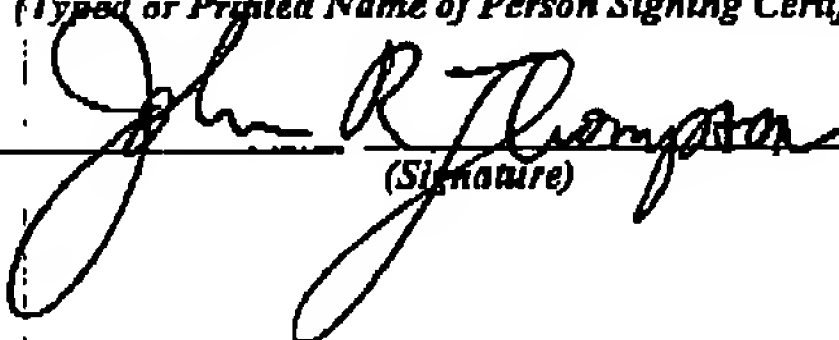
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 23517/4.7
Applicant(s): Jeffrey J. Clawson			
Application No. 09/685,697	Filing Date October 9, 2000	Examiner Tjhuan P. Knowlin	Group Art Unit 2642
Invention: METHOD AND SYSTEM FOR THE EXIT PROTOCOL OF AN EMERGENCY MEDICAL DISPATCH SYSTEM			
<p>I hereby certify that this _____ See below: (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. (571) 273-8300</p> <p>on <u>March 24</u>, 2006 (Date)</p> <p style="text-align: right;">John R. Thompson (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> <p>Transmittal: Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 pg.)</p>			

P18/REV02

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Doc Code:

PTO/SB/92 (04-05)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/685,697
Filing Date	October 9, 2000
First Named Inventor	Jeffrey J. Clawson
Art Unit	2642
Examiner Name	Thjunn P. Knowlin
Attorney Docket Number	23517/4.7

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32642

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

32642

OR

☐ Firm or
Individual Name

Address

City

State

ZIP

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is proposed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Jeffrey J. Clawson

Date

14 March 2006

Telephone

(801) 746-5658

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending on the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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